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| Case Number: | CM13-0044336 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/24/2012 |
| Decision Date: | 02/21/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 34 YO female with a date of injury of 02/24/2012. The listed diagnoses per [REDACTED] are: 1. Cervical Degenerative Disc Disease, C6-C7 with radiculopathy. 2. Rule out Cervical Facet Arthropathy 3. Status post bilateral Carpal Tunnel Release 4. Hypertension by history 5. Insulin dependent diabetes Mellinus by history According to report dated 10/09/2013 by [REDACTED], the patient presents with chronic neck pain and associated upper extremity pain and numbness especially at the carpal tunnel area. Patient states she is right handed and tends to drop items with that hand. Treatment to date has consisted of physical therapy, medication and Chiropractic manipulation. Examination showed evidence of bilateral carpal tunnel release. Examination of the fingers revealed no swelling or limitation of motion. Patient is status post bilateral carpal tunnel release (2012).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cortisone injection to the right carpal tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines THE Medical Treatment Utilization Schedule (MTUS) 2009: Chronic P.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 235-236.

Decision rationale: This patient presents with chronic neck pain and associated upper extremity pain and numbness especially at the carpal tunnel area. Treater is requesting a cortisone injection to the right carpal tunnel. ACOEM guidelines states "corticosteroid injections have been shown to be effective, at least in the short term; however, the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups." (p235, 6). Medical records show patient received a Xylocaine and Celestone injection on 05/02/2012. It would appear that this prior injection did not work as the patient proceeded to have surgery. The guidelines do not discuss cortisone injections following carpal tunnel release surgery. However, ODG guidelines do not recommend repeat injections unless the first injection worked and the patient is not able to tolerate a more definitive treatment such as surgery. In this patient, surgery was already performed and injection was previously tried. The treater does not explain how repeating the injection is going to make any difference. Recommendation is for denial.

Physical therapy for eight visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines AND THE Medical Treatment Utilization Schedule (MTUS) 2009: Chron.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 98-99.

Decision rationale: This patient present with chronic neck pain and associated upper extremity pain and numbness especially at the carpal tunnel area. Treater is requesting 8 physical therapy sessions. Medical records show patient received 8 post-op physical therapy sessions for the left CTR starting 08/31/2012 and 6 post - op sessions of physical therapy for the right CTR starting 06/28/2012. It appears that the patient has not had any additional therapy since. For Physical medicine, MTUS guidelines pg 98, 99 states for Myalgia and neuralgia type symptoms, recommendation is for 8-10 visits over 8 weeks. This patient presents with continued symptoms and new symptoms now radiating up into the shoulder. It has been more than a year since any therapy treatments and recommendation is for 8 sessions.